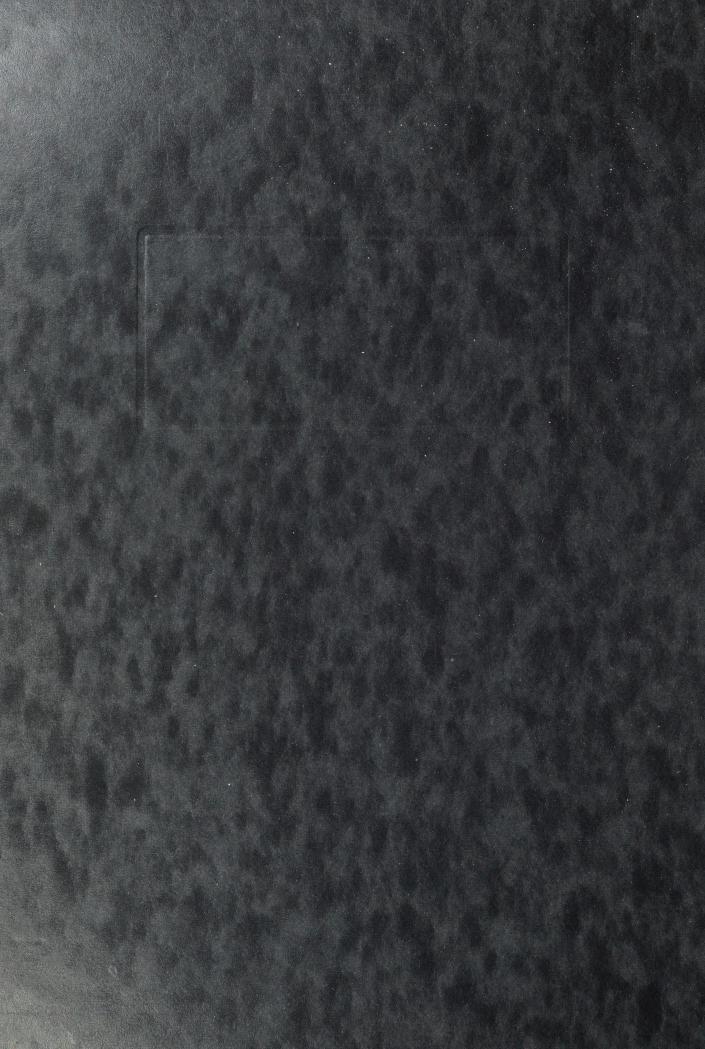
CA3 ONHW 058 86 E82



URBAN/MUNICIPAL

Social Planning and Research Council of Hamilton and District PRECLUTIVE director's report to the Executive Committee regarding the activities and assessment of the Task Force on Butlering.

FROM REGIONAL COUNCIL AGENDA, OCT. 21, 1986 CA 3 ON HW A 05



CA3 ONHW 058

THE EXECUTIVE DIRECTOR'S REPORT TO THE EXECUTIVE COMMITTEE REGARDING THE ACTIVITIES AND ASSESSMENT

OF THE

TASK FORCE ON BATTERING

By: Jody Orr, Executive Director, Social Planning and Research Council

Consultant to the Task Force

July, 1986



RESEARCH COUNCIL of Hamilton and District



#### APPENDIX 1

TASK FORCE PHASE 1

Gaps Problems and Strategies

for Improving Service

to Battered Women

The Emergent Community

Service Plan



# THE EXECUTIVE DIRECTOR'S REPORT TO THE

#### EXECUTIVE COMMITTEE REGARDING THE

#### ACTIVITIES AND ASSESSMENT

OF THE

#### TASK FORCE ON BATTERING

#### TABLE OF CONTENTS

	Page No.
Mandate of the Task Force	. 1
Phase 1: History Pre-November, 1983  Problems  Evaluation	. 3
Phase 2: History Post-October, 1983  Problems	. 7
Evaluation of the Task Force	. 8
Table 1 - Task Force: Phase 1 - Working Group Activity	. 11
Table 2ditto- Phase 2ditto	. 13
Lessons to be Learned	. 17
Remaining Challenges	. 18
APPENDIX 1	
Task Force-Phase 1  - Gaps, Resources and Needs  - The Emergent Community Plan  - Table 1 - Task Force & Working Group Initiatives  to date  - Proposed Emergency Room Protocol	1-7
APPENDIX 2  Task Force Co-ordinator's Job Description	2-1
APPENDIX 3  Evaluation of a Resource Guide for Battered Women	3-1



#### GAPS, RESOURCES AND NEEDS

#### i) Legal System

No area of contact with community support systems is as complex for the victims of battering as the legal system. The Working Group on the Legal System, in order to assess gaps and problems encountered by women, has instituted a vigorous review of the policies and practices of the police, the courts and the legal profession in terms of how they respond to victims of abuse in Hamilton-Wentworth.

The key problem areas identified by the group to date include.

- a) a need for better clarified court and police procedures, policies and options for women;
- b) front line police intervention in cases of "domestic violence";
- c) lack of easily accessed and accurate information on legal options available to women;
- d) attitudinal barriers within the legal system related to its view of the nature of the assault and dynamics of the battering situation.

The areas in which the Working Group's efforts have been directed parallel the legal issues identified in the Standing Committee's report. The Working Group, working directly with the legal system, has attempted to define resources and assess gaps within each of these key problem areas.

## a) the need for better clarified court, police and police to court procedures, policies and options for women.

Through correspondence and meetings, the Working Group has attempted to clarify procedures; policies and options in Hamilton-Wentworth. With regard to the courts, for example, the Group has initiated inquiries as to the jurisdictional right of our Unified Family Court to try criminal cases (is this a policy or practice issue?). Through consultation with the Regional Police, the Group has tried to clarify what appear to be internal divergences of opinion with regard to policy and practice. And, finally, for example, there has been an attempt to determine the policy and practice of various court to police issues, such as the enforcability of orders issued by Unified Family Court.

Examples such as above clearly indicate lack of clarity within the legal community itself which only adversely impacts on the victim. These efforts of the Working Group have proved time consuming even with the high levels of support and co-operation provided by the legal community.



## b) front line police intervention in cases of "domestic violence"

The Regional Police have recently, upon the order of the Attorney General, begun to lay charges in cases of domestic violence. This change in practice, long advocated by those working with the victims of battering, has been welcomed by agencies and individuals in our community.

It is one thing to institute a change in practice; it is quite another to provide front line offices the support and resources which they require to institute such practice in an effective manner.

As documented repeatedly in the literature, intervention in cases of "domestic violence" is the most life-threatening intervention a police officer can make. Further, as reported by the Standing Committee, the training officers receive is inadequate. Not only is there insufficient training in this form of "crisis intervention", but police officers may often be unaware of available community resources and may themselves believe in the "myths" and widely accepted, but incorrectly held, views of battering as a "domestic" - as opposed to criminal - issue.

As a result, police officers may be poorly equipped to intervene, despite their best intentions, and victims may receive inconsistent assistance.

# c) lack of easily accessed and accurate information on legal options available to women

The sheer complexity of the legal system and variable interpretations of policy and practice has made it difficult for our community to ensure that women are fully informed regarding their legal rights and options. There exists no common, co-ordinated source of information for women.

# d) attitudinal barriers within the legal system related to the legal system's view of nature of the assault and the dynamics of the battering situation

While recent change requiring the police to lay charges has been a major step forward in informing the batterer that his actions are, in fact, criminal, much research has indicated that the longstanding view of assault in a marriage as essentially a domestic issue permeates the legal system as it does our entire society. This attitude, has, in turn, impacted on sentencing, encouragement to crown attorneys to press for conviction, et cetera.

The Task Force has, by no means, singled out the legal

profession for holding such attitudes; instead, the Task Force has recognized that all professionals and, indeed, the community at large, can, and do, fall prey. In the case of the legal profession, this has tended to lead to legal practices which minimize the seriousness of the crime of assault.

Our community must, therefore, be prepared to work with legal professionals in the areas of attitude change and subsequent policy and practice changes.

The above discussion suggests that, while some resources do exist, work for change within the legal community is necessary. Further, with regard to co-ordinated information to victims, no such resources currently exist.

#### ii) Health System

The Working Group on the Health System, which has included health professionals, has focused its efforts on the medical professionals' and health institutions' response to battering.

Among the problems which it has identified are

- a) failure of health professionals to identify battering;
- b) lack of skills/attitudinal barriers when dealing with identified victims;
- c) lack of appropriate protocols in the hospital setting;
- d) lack of knowledge regarding community resources.

To date, the Working Group has identified health professionals in the community as resources. However, once again, to work with many health professionals and institutions requires attitude changes and subsequent policy and practice changes.

#### iii) Counselling

The Working Group on Counselling has reviewed existing resources for counselling and, with the exception of that provided within existing hostels, has discovered an enormous gap in counselling available to either the victims or perpetrators of battering.

While a wide variety of counselling facilities exist, work with women in these agencies may be characterized by:

- a) attitudinal barriers/inappropriate counselling models;
- b) lack of knowledge regarding other community resources;

- c) a failure to identify battering;
- d) tendencies to see battering as a symptom of family dysfunction and, therefore, a failure to recognize battering as criminal assault.

Again, while the community is, therefore, rich in potential resources, attitudinal policy and practice changes are required.

#### iv) Housing

For many battering victims, the opportunity to leave their home is essential for their own safety and, often, that of their children. Whether a woman ultimately decides to leave the marriage or relationship with the batterer is a moot point - emergency accommodation with support services attached is still required.

Where a woman decides to sever the relationship, longer term, affordable accommodation is often difficult to find. Moreover, ongoing support to assist the transition to full independence may be required.

Currently, two emergency hostels for battered women exist in the Hamilton-Wentworth area. One services "the abused family of the problem drinker". This mandate seriously constrains this facility's ability to deal with all battered women, as alcohol abuse is related to battering in only a proportion of cases and, in any event, is not generally held to be a causal factor in battering. More often, research has indicated that alcohol abuse serves not as a causative factor, but as an excuse (see the Report of the Standing Committee, for example).

The second facility does house battered women and their children on an emergency basis, but deals with other women requiring emergency accommodation, and has developed programming; its broader intake mandate limits its ability to focus exclusively on the battered woman.

Together, these facilities provide 30 beds (for women and children). While assessing the number of cases of battering in Hamilton-Wentworth is difficult since most agencies do not record base line data on the problem, several important pieces of research suggest that the magnitude of the problem is astounding.

In 1974-1975, research done by Jack Byles, with the cooperation of the Regional Police, identified 1,200 cases of reported domestic violence in a year (researchers commonly acknowledge that police statistics significantly underrepresent the true incidence, as in rape). A more recent

study conducted by the same researcher in 1980 identified 1,500 cases surfacing in Hamilton-Wentworth in a 12 month period. The same researcher noted that it is estimated that for every one family that "surfaces", another ten remain hidden.

An additional method for estimating incidence is through extrapolation from the 10% estimate developed in research sponsored by the National Advisory Council on the Status of Women. (This research estimated that one in every ten Canadian women living with a man lives in an abusive situation). In Hamilton alone, census data in 1981 revealed that there were approximately 71,000 two-parent families. Applying an incidence rate of 10% would yield 7,100 cases of battering (probably an extremely conservative rate since it does not take into account abuse in non-marriage relationships).

An additional issue to be considered is occupancy rates in existing facilities. The Task Force understands that occupancy is variable; some nights there may be empty beds, other nights there may be turn-aways from existing facilities. The extremely unsophisticated case-finding ability of our community service network must, however, be taken into account. It is the contention of the Task Force that, given police laying assault charges and enhanced case-finding elsewhere in the network of services, current facilities would be unable to meet increased demand.

With regard to second-stage housing, the only resource currently available with support linked to housing are nine beds linked to one of the two facilities outlined above. Entry to these beds is contingent on having stayed first in the parent facility. The Housing Group feels that nine beds are entirely inadequate.

Despite existing facilities, the Housing Group has reported to the Task Force

- a) a need for additional emergency beds;
- b) a need for expanded second stage housing.

#### v) Public Education

Already identified above has been a pressing need for professional education in the fields of law, health and counselling. The need for public education is just as pressing.

As noted in the Standing Committee's report and documented at length in research elsewhere, battering has not publicly been perceived as either a criminal act or a social issue. Instead, it has been highly personalized and domesticated.

Myths surrounding battering abound and are reinforced daily. The recent gales of laughter from M.P's in the House of Commons when a federal report on battering was tabled indicate just how lightly the issue has been viewed.

The real tragedy associated with such attitudinal barriers is the resultant "blaming of the victim" and failure to provide effective supports to her as she determines a course of action. Professionals fail to respond, convinced she will only return to her partner (this is, in fact, often the case, but blaming the victim fails to take into account the dynamics of battering or the very real lack of alternatives available to her). Neighbours, friends and family will tell the victim it's her fault - if only she would try to be a better wife!, et cetera. Finally, she begins to believe what she's told, and her powerlessness and lack of options increases.

The Working Group on Public Education sought and found little in the way of existing resources for developing public awareness or understanding of the issue, nor support to the victim.

#### vi) Additional Problems Identified by the Task Force

#### a) One-to-one Support for Victims

Clearly emerging from the discussion above is the fact that battering involves the victim in a many-faceted, and quite complex service network. The Task Force has determined, on the basis of research and input from members and consultants, that many women "slip through the cracks" due to no referral, no referral follow-up, or simple frustration with the complexities of the network.

From the perspective of services, co-ordination, follow-up and case planning for individual victims may be particularly difficult given the complexity of the network within which the victim must seek support and assistance.

The Task Force sees, therefore, the need for a one-to-one co-ordinating mechanism for battered women to provide support and assistance necessary as she makes decisions about her own situation.

#### b) Emerging Needs

As the Task Force has met, new issues have continued to emerge (e.g. the role of the Parental Support Worker when the spouse is a batterer). These issues have not fallen under the mandate of any one Working Group. Instead, the Task Force has, to date, been providing an informal discussion mechanism with follow-up dictated as necessary.

#### THE EMERGING COMMUNITY PLAN

From this brief exploration of needs, resources and gaps, it is possible to move on to consideration of the action planning of the Working Groups and co-ordination and integration provided by the Task Force.

The two ways in which action planning has occurred is through

a) co-ordination/change in existing resources;

b) development of new resources.

The model emerging from these initiatives is composed broadly of the following elements:

- the training of professionals at all levels of intervention (i.e. medical professionals, legal professionals, counsellors, et cetera).
- broad public education designed to communicate facts and options and to deal effectively with myths;
- well articulated and co-ordinated police and court policy and practice;
- 4. the development of a primary caseworker (one-to-one) programme which will enable women to access resources quickly and accurately, while receiving necessary support;
- 5. mechanisms to ensure access to information;
- adequate resources on stream when case-finding capability has been enhanced (e.g. housing);
- 7. the development of protocols within intervening agencies and organizations (e.g. hospitals, police, et cetera).

Each Working Group has developed action plans around this model co-ordinated through bi-monthly meetings of the Task Force. The following section describes each of the Working Groups' initiatives to date, and documents the Task Force's concern with emerging needs (see Table 1).

#### i) Legal Group

The Legal Group has developed a dual focus - first, ongoing legal research and dialogue with police, courts, et cetera, in order to clarify and co-ordinate policy and practice; and, second, the planned development of a legal handbook which will outline options open to women in Hamilton-

Wemtworth. This group has also been active in the identification of training needs for legal professionals and will provide ongoing input into the development of training materials and training sessions.

#### ii) Health System

The Health Group has developed a draft emergency room protocol which will determine the processing of cases of battering through emergency rooms (See Appendix 2). McMaster University Medical Centre has agreed to become the regional referral centre. There is some hope to introduce the proposed protocol into other hospitals as well.

In addition, the Health Group has assisted in the identification of training needs for health professionals and will provide ongoing input into the development of training materials and training sessions.

#### iii) Counselling

The Counselling Group has, on the basis of need, identified three activity areas:

- the development of a resource handbook which can be used by professionals and victims alike in accessing appropriate resources;
- 2. the development of training materials and training sessions for selected groups of professionals (legal, health, counselling, et cetera) (See Appendix 3)
- 3. the development of a volunteer primary caseworker programme which would link victims to trained volunteers. The goal of the programme is to ensure victims receive the information and assistance necessary to negotiate through the complex support system for victims (the use volunteers has been successfully accomplished in other services, such as the Rape Crisis Centre).

#### iv) Housing

The Task Force's Housing Group is in ongoing communications with an independent group currently forming in the community whose goal is to develop a transition house in Hamilton-Wentworth. This group, which operates independently of the Task Force, has received endorsation of its efforts from the Task Force on the basis of identified need for additional beds.

# TABLE 1 TASK FORCE AND WORKING GROUP INITIATIVES TO DATE

# Working Group Initiatives to Date According dislocate with local

- a) Legal Group
   l. ongoing dialogue with legal profession (courts, police, lawyers) in an attempt to define/clarify policy and practice;
   2. initial steps in development of a legal handbook.
- b) Health Group

  1. establishment of draft emergency room protocol;
  2. identification of health professional
  - training needs;
    3. input into Counselling Group's devel-
  - input into Counselling Group's development of training packages.
- c) Counselling Group l. identification of community and professional needs;
  - initial steps in development of resource booklet;
  - development of training materials for wide range of professionals;
  - developmental work towards establishment of volunteer primary caseworkers.
- d) Housing Group l. identification of needs;

f) Task Force Proper

- ongoing communication with development of new transition house;
- 3. initial investigation of second-stage housing.
- e) Public Education l. development and sponsorship of Public Forum in November;
  - development and sponsorship of April Professional Awareness Day.
  - 1. identification and verification of
     needs;
    - co-ordination of action planning;
    - identification and action planning for newly emerging needs.

In addition, the Housing Group has begun to explore various possibilities for the provision of second-stage housing, although these efforts are in their initial phases only.

#### v) Public Education

The Public Education Group sponsored a highly successful public forum on battering in November, hosted by Tom Cherington, and taped for airing by CHCH-TV sometime early in 1983.

Further, it is developing a Professional Awareness Day slated for April, 1983. This day long conference will introduce to area professionals the ongoing training which is being developed by the Counselling Group.

#### vi) Emerging Needs

As new needs have emerged, the Task Force has co-ordinated efforts to meet those needs.

#### a) Men Who Batter

Although the Task Force has identified victims and their children as its priority concern, several individuals from the community concerned with the batterer have attended Task Force meetings. The Task Force has encouraged their work with community agencies, and, on a regular basis, receives reports detailing progress to date in order to ensure coordination of efforts.

It is noteworthy that much of the work of the Task Force through its Working Groups is interdependent; that is, action planning in one group is contingent on developmental work from another.

#### PROPOSED EMERGENCY ROOM PROTOCOL

#### DOMESTIC VIOLENCE

#### Rationale

In E.R., clerks, nurses, physicians and advocates have access to different kinds of information about a patient's life; information which may or may not indicate the presence of battering. Where the staff are not clear as to their respective roles and responsibilities with regard to the identification and treatment of battering; where staff are not operating as a team, sharing with each other the information they each obtain, then the chances that battering will be handled effectively, are minimized.

#### Purpose.

To describe the Emergency Room protocol for the treatment of victims of domestic violence.

#### Responsibilities

#### Emergency Room Clerk

- 1. Greet the patient and immediately alert the nursing staff (by tagging the chart) if the patient is a suspected victim of battering or if the patient states that she has been battered.
- 2. Complete demographic information on the emergency room report and request the patient's previous medical record.
- 3. Obtain the patient's written consent to medical treatment (depending on individual hospital policy in this area).
- 4. Interact with the patient in a non-judgmental and non-threatening manner.

#### Physicians

- 1. To approach the patient in an open, sensitive, non-judgmental manner in an effort to identify whether a patient's injuries are the result of abuse.
- 2. The physician should perform a complete physical exam and assess emotional status, paying specific attention to, and documenting well, areas of physical trauma.
- 3. Photographs should be taken with the signed consent of the patient, then attached to the patient's chart to become part of her permanent record.
- 4. To refer the patient to the advocate where applicable and to assist the advocate by reporting to them the complete details of the case.

5. Physicians will assist and/or support E.R. staff in identifying abuse victims in an effort to facilitate treatment and referral for counselling.

#### Nursing Staff

- 1. To approach the patient in an open, sensitive, non-judgmental manner in an effort to identify whether a patient's injuries are the result of abuse.
- 2. To record any pertinent information outlining the nature and extent of the abuse (e.g. history, involvement of other family members, use of weapons).
- 3. In consultation with the physician, refer the patient to the advocate.
- 4. To assist the advocate by reporting to them the complete details of the case.

#### Advocates

Trauma is defined here as physical injury and/or emotional crisis resulting from domestic violence.

- 1. To respond to all crisis calls from the regional domestic violence centre.
- 2. To provide the patient with the relevant information regarding
  - a) Emergency Shelter
  - b) Legal Aid
  - c) Counselling
  - d) Police procedures
- 3. To assist the patient in obtaining the above community services.
- 4. Referral to psychiatric consultation where necessary.
- 5. To record the details of the patient's physical and emotional trauma as well as epidemiological data.
- 6. To assess the lethality of the home situation for the battered women and/or other family members, referring where appropriate.

## Method of Referral to the Counsellor/Advocate (Volunteer Advocates Programme)

- 1. On-call schedule. There will be a counsellor on-call seven days a week, twenty-four hours a day according to the following schedule:
  - a) Weekdays: 9 a.m. 5 p.m. Monday to Friday refer all cases to the Emergency Room social worker and advocate.
  - b) Weeknights: 5 p.m. 9 a.m. Monday to Friday and weekends page the advocate on-call.

#### 2. Advocacy Referral:

- a) Automatically page the advocate on-call for all persons whose injuries are associated with domestic violence and who have verbally stated this and consent to the advocate being summoned.
- b) Do not page the counsellor on-call for those persons who deny they have been battered.
- c) If the patient refuses to speak to the advocate, the Emergency Room nurse will offer the patient written materials regarding battering and community resources for counselling, emergency shelter and legal aid.

#### Types of Patients Who Present In the Emergency Ward

- A. Violence is suspected by receptionist, nurse or physician.
- B. Women openly admits battering as a presenting complaint.
- C. Woman is referred by an outside agency as a battered woman.

#### Treatment of A

- Ward clerk, nurse or physician tags the chart and pulls old charts, if available.
- 2. The patient is taken to a private examining area where the usual protocol of examination is followed (e.g. vital signs).
- The patient is questioned diplomatically and directly by the nurse and/or physician as to the existence of domestic violence.

- 4. If the patient agrees that battering is involved, proceed with protocol for B and C.
- 5. If patient denies but is still suspect, tag chart and leave (in specified area) for the Program Coordinator to review.

#### Treatment of B and C

- 1. Ward Clerk does usual admitting process and tags the charge pulls the old charts, if available.
- 2. Patient is taken to a private examining room where the usual protocol of examination is completed. Nurse will call in social worker/advocate (if applicable) at this stage, providing physical injuries do not require early intervention.
- 3. If charges are to be laid by the patient, a consent for examination and release of information will be obtained.
- 4. If it is deemed necessary for photographs to be taken, either at this stage or later in the examination, a separate consent for photography must be signed.
- 5. The nurse will assist the physician during the course of the examination.
- 6. The examination may also be done with the presence of a friend, relative, advocate or other supportive person.
- 7. The nurse will ensure that the tagged chart is left (in a designated area) for the Program Coordinator to review.

APPENDIX 2

Task Force Coordinator's

Job Description

- 2-1

## JOB DESCRIPTION: CO-ORDINATOR

### QUALIFICATIONS:

- 1. A Bachelor's degree in a field related to human services OR equivalent experience.
- 2. Demonstrated familiarity with and sensitivity to the issue of battering, including knowledge of recent research and programmes operating in other communities.
- 3. Good working knowledge of the human services network in Hamilton-Wentworth.

## SKILLS:

- 1. Excellent verbal and written communication.
- 2. Basic research skills.
- 3. Demonstrated capacity to work effectively with volunteers and committees.
- 4. Familiarity with principles of programme development.
- 5. Familiarity with basic public relations techniques.

#### RESPONSIBILTIES.

#### A. Administration

- 1. Shall be responsible for coordinating, in cooperation with Task Force and Working Group members, all meetings of the Task Force and its Working Groups.
- 2. Shall staff all meetings of the Task Force and Working Groups, taking and distributing minutes of same.
- 3. Shall coordinate activities of the Task Force.
- 4. Shall act as the initial contact person of the Task Force.

#### B. Research

- 1. Shall, at the request of the Task Force or Working Groups, provide needed background material.
- 2. Shall initiate, at the request of the Task Force, any contact with other groups, agencies, or programmes in order to obtain needed information.

3. Shall, in cooperation with Task Force members, design and implement evaluation of all major Task Force activities.

## C. Design and Action

- Shall be responsible for coordinating and implementing, in cooperation with Task Force members, action strategies developed by the Task Force.
- 2. Shall assist the Task Force to develop proposals for specific programme funding.
- 3. Shall be responsible for compiling and writing Task Force Reports.
- 4. Shall be responsible for developing and implementing, in cooperation with Task Force members, any necessary public relations packages.

## APPENDIX 3

Evaluation of a

Resource Guide for Battered Women

# REPORT RE: DISTRIBUTION & EVALUATION OF RESOURCE GUIDE FOR BATTERED WOMEN

When the Task Force on Battering disbanded on March 4, 1984, one of the outstanding commitments was to distribute and evaluate a resource guide devised by the Service Coordination Committee. Lynda Delsey, the program coordinator, left an outline of the process agreed upon by the committee and some contacts had already been made to organize the distribution. When the writer undertook this commitment, the understanding was that the booklets were to be available immediately. Unfortunately, they were not. There was a delay of some months due initially to a necessity to rewax the proofs and additionally due to some confusion as to who would actually do the printing. In May of 1984, the writer wrote to the Hamilton Status of Women Committee asking for a clarification of the assistance which had been offered. The specific concern was that money donated by the Junior League of Hamilton had already been used to typeset the booklet, and the Service Coordination Committee was unable to accomplish the task of distribution and evaluation until the booklet was printed.

In July, Joan Balinson of the Status of Women Committee was able to find a solution and after a meeting with representation from the Junior League, the Hamilton Status of Women Committee and the Service Coordination Committee (Kathy McCabe, Catholic Social Services and the writer), it was agreed to proceed with the project. Joan Balinson of the Hamilton Status of Women Committee arranged for the printing, and subsequently the 1,000 booklets were available for distribution in September of 1984.

Since contacts for distribution had to be re-established, most of the distribution took place by the end of September. A two-month evaluation period was set arbitrarily, with the distribution controlled to facilitate easier access for feedback. Copies were forwarded to two levels of potential users; resource people who would use the guides for reference, and front-line workers who would be able to give the guides directly to women in jeopardy. The emphasis was on giving the guides directly to women in need of the services listed.

Copies were sent to the Public Relations Departments of the hospitals, and the Public Information Centres (e.g. Women's Centre, Community Information Service). The more direct service agencies who agreed to provide feedback included the Unified Family Court, the Provincial Court, North End Information Services, the Social Work Department of Hamilton General Hospital, the Public Health Unit, Telecare, Regional Social Services, The Women's Shelters, Family Services, Catholic Social Services and the John Howard Society. The people who kindly agreed to assist were told that our main aim was to put the booklet into the hands of the woman who needed immediate information about her options and the resources available.

Evaluation forms, printed by the City Hall printer by arrangement with the Hamilton Status of Women Committee, were inserted in each booklet, however, few books were returned and to date non from direct users.

#### RESPONSES

The Feedback regarding the booklet has been very favourable, particularly with regard to format and content. Most professionals praised the format, saying that the indented indexing made the booklet easy to use.

SHELTERS. Heather Murphy of St. Simeon House, stated that clients had asked for copies and that in one instance, the soft-cover facilitated concealment in the woman's purse because she was afraid of a violent confrontation if it was discovered.

Sister Madeleine, director of the Good Shepherd Centre, praised both the format and content and requested more copies, stating that they were a useful resource for women in general, not just those in a battering situation.

Inasmuch staff found the format good, "material easy to find", and gave the booklets "only to women returning to a potentially abusive situation." The rationale (stipulated by the writer) was that women in the shelter had support and access to those resources, whereas women at home did not.

The Native Women's Centre, Beverly Sandy, found the booklet informative and requested more.

The Elizabeth Fry Group Home found the book useful as a resource, although they have few clients in that situation.

Hope Haven, Winnie Capriotti, stated that she had read the brochure but was reluctant to comment further.

REGIONAL SOCIAL SERVICES. Several departments requested booklets and Angeline Liste actively assisted in making the booklets available at the shelters. Ms. Liste's only specific criticism was that there was no resource listed for women who meet need translation services. There are a substantial number of women who have been isolated by culture and language, and who would be unable to use this booklet.

HEALTH/MEDICAL SERVICES: Claudia McDermott of the Hamilton General Social Work Department has used the brochure and distributed it both to other staff and to women hospitalized due to abuse. She was enthusiastic about the usefulness, stating that it gave her "something concrete to give out".

Kay Burger of the Hamilton Health Unit found the booklet useful

3-3

and although she had not distributed it directly, she had given copies to co-staff and also to some doctors at a Family Practice Unit.

COURTS. John Flis of Provincial Court and Mrs. Templeton of the Unified Family Court, both felt the booklet was good, but were unable to give feedback from direct consumers because they had had little court activity.

Ms. Pat Ford, Justice of the Peace at Provincial Court, felt that she had not seen many women wanting to lay charges because they were going to the United Family Court. But, she did say that she felt the booklet to be a good resource to have on hand.

HOUSING Beverley Spence of the Hamilton-Wentworth Housing Authority stated that the booklet was a "rather good resource for a community worker; well structured with easily accessible information".

COMMUNITY INFORMATION SOURCES: Eva Googe of North End Information Services and Art Lodge of Telecare found the brochure useful as a resource but had no direct use experience. Telecare has no direct contact with people other than by telephone, and Eva Googe stated that the drop-in is not very active, thus only a few copies had been distributed.

Jody Orr of the Social Planning and Research Council stated that the booklet was useful for speaking engagements and publicity.

COUNSELLING-FAMILY SERVICES. Terry Bennett, Family Service Agency, was pleased with the brochure and saw it useful as a resource - unfortunately, little feedback regarding direct use.

Children's Aid, Rubina Khetab, had requested copies, was supportive of the quality and content but had not needed the booklet directly yet.

#### EVALUATIONS:

To date, only five evaluations have been returned. (This was the expected response since postage was not provided.) All are favourable, the only criticism one offers is of the section referring to Police & Legal Procedures. The terminology should be simplified if the booklet is reprinted.

## SUMMARY

The primary purpose of the Resource Guide was to provide information regarding resources and options available to women in a battering situation. The format was specifically designed to facilitate easy referral, especially for emergency use situations. Unfortunately, feedback from women who actually need this information

is sparse and secondhand and was received via the women's shelters and Regional Social Services. This is an area of disappointment because, while it seems obvious that this information is needed and would be helpful in a very concrete way, there appears to be a real roadblock to direct distribution. Women at the shelters, applying for welfare and those in the hospital due to abuse, are only a small proportion of those theoretically in need of the information. Initially, the belief was that the Hamilton-Wentworth Regional Police Department could distribute brochures at domestic disputes, however, this avenue was not available. The Police representatives were not willing to have officers carry the booklet in cruisers for distribution. This issue was raised at the last Task Force meeting, however, our representative did not again broach the subject with the Hamilton-Wentworth Regional Police Department after that time.

It is obvious from the positive response and requests for more from service providers that the information is valuable and the booklet seems to be accomplishing at least an information providing and public awareness function.

## RECOMMENDATIONS

- 1) If this booklet is reprinted, the same format should be used with an update of material included.
- 2) The Hamilton-Wentworth Regional Police Department should again be approached as they seem the most logical and immediate point of distribution.
- 3) Additional distribution could be constituency offices and family practice clinics.
- 4) The remainder of the booklets can be distributed either through Interval House, or through Community Information Services.

Agencies will be advised of the limited availability of the remaining booklets through Community Information Services. The writer will undertake to co-ordinate final distribution in response to those requests.

The Task Force on Battering was initiated by, and supported by, the Social Planning and Research Council in December, 1981. It was terminated in early 1984 by its own decision on the basis that it had completed what tasks it could.

In the absence of a Task Force Final Report, the Executive Committee of the Social Planning and Research Council requested that the Executive Director, as a consultant to the Task Force, prepare a report for their consideration and approval. The following report summarizes the work of the Task Force from the consultant's and the Social Planning and Research Council's perspective.

## Mandate of the Task Force

The Task Force was mandated to assess service gaps and to develop strategies which would be operationalized for filling those gaps in service to battered women. More particularly, the overall goals of the Task Force were:

- 1. The co-ordination of existing and where necessary the development of new programs to attain consistent and predictable responses within the social services network for battered women.
- 2. The examination of related issues such as public/ professional education, intervention, legal supports, tracking, housing, et cetera.

The hiring of a co-ordinator in September, 1983, (made possible through shared Regional and Provincial monies) had a significant impact on the Task Force and can be viewed as a watershed, dividing the history of the Task Force into two separate phases when viewed structurally (Phase 1 and Phase 2).

## Phase 1 - History Pre-November, 1983.

The first twenty four months of the Task Force saw the Task Force operating through a series of five Working Groups organized from the perspective of service systems. It was an organization based on content rather than function and resulted in the following working groups: housing; the legal system; counselling; public/professional education: health and related systems.

Each working group was comprised of Task Force members, additional community representatives relating solely to the working group and additional consultants brought in on an "as needed" basis. Each group was mandated to assess gaps in the existing system and to develop strategies for overcoming these gaps, with the Task Force to provide overall co-ordination of these efforts.

By July, 1983, just prior to the co-ordinator being hired, the Task Force had:

- i) actively reviewed the "state of the art" in Hamilton-Wentworth
- ii) determined the extent of the problems related to service delivery
- iii) assessed existing resources
  - iv) begun the development of a service plan for the community
     of Hamilton-Wentworth.

A complete accounting of the gap identification and emergent community service plan is found in Appendix 1 and is excerpted from Activities of the Task Force on Battering and a Model for Service Co-ordination and Delivery; Request for Funding (March, 1983), the document presented to the Regional Social Services Committee as the request for funding for a full time co-ordinator of the Task Force.

With the hiring of a co-ordinator in September, 1983, review and assessment of Task Force progress to date resulted in re-structuring in October, with the addition of a Steering Committee, and in November, with a re-structuring of Working Groups along functional lines to make them more task-oriented. This restructuring represents the movement of the Task Force from Phase 1 into Phase 2.

## Phase 1 - Problems

a) There was no funding available to the Task Force in its initial twenty-one months for staffing or resources. While agencies did make a commitment to provide staff time, effective communication amongst members was severely constrained by a lack of resources, leading to poor information flow, and, in some cases, poor communication amongst working groups. Where information did flow, it channeled through one person, leading, on the part of some persons, to a sense of isolation and, due to the

reliance on the Social Planning and Research Council for resourcing, there were in some cases, perceptions of SPRC ownership. From the perspective of group process, this was unhealthy, and may have been a contributing factor to vulnerable "commitments" from agencies (see below).

- b) There was towards the end of this initial phase a growing lack of continuity in attendance at meetings. Problems began to emerge in terms of a lack of "shared" information, and questions about both individual and agency commitment to the Task Force began to emerge. At the time, there was an honest belief among most members, that a full-time co-ordinator could effectively offset many of the problems created by lack of continuity.
- c) While the overall goals of the Task Force were clear and unambiguous, there were strongly divergent philosophical perspectives among Task Force members. The Task Force, through internal education, attempted to develop a shared philosophical position, but membership drop off and lack of continuity contributed to a failure to develop a shared perspective.
- d) The Task Force originally developed through requests to senior management in agencies to become members. Most (although not all) managers delegated membership to front line staff. While it might be expected that front line staff would keep management aware of what was happening, this did not always occur. By consequence, those persons

who could most likely effect change in practice were isolated from the Task Force and agency commitments could best be styled as vulnerable. This was particularly evident during a period of severe restraint in agencies, so that existing resources were being taxed to the limit in most agencies.

## Phase 1 - Evaluation

At the end of Phase I (October, 1983) the Task Force had accomplished the lion's share of its major goal, i.e. the development of a community service plan (through identification of co-ordination mechanisms and new programmes or initiatives) which would move the community towards a consistent and predictable response to battered women. (The service plan is outlined later on). However, it is important to note the "plan" status rather than concrete programme implementation at this stage.

Major issues, however, were beginning to emerge with regards to resourcing, philosophical differences, and levels of commitment to the Task Force. Further, it was becoming clear that the tasks to which members were committed required resources (financial and human) which were not, at the time, available.

Finally, at the end of Phase 1, the Task Force was beginning to move from a planning to an implementation phase. As a co-ordinating body, the Task Force had never been intended to provide direct service and it would be in Phase 2 that this contradiction would play itself out.

## Phase 2: History Post-October, 1983

Many of the emerging problems noted in Phase I were, it was felt by many members of the Task Force, capable of resolution through adequate resourcing. The sheer complexity of the identified problems related to battering in our community and complexity of the community service plan demanded the energy of a full-time staff person working with the Task Force.

In September, 1983, through a grant cost-shared by the Ministry of Community and Social Services and the Regional Municipality, a coordinator was hired (See Job Description in Appendix 2).

Shortly after (November), as a response to the co-ordinator's initial work with the Task Force, the group re-organized itself in an attempt to confirm and strengthen member commitment, improve communication, expand group energy, secure new resources, et cetera. The re-organization shifted working group structure away from service systems and into a more properly functional structure with a strong task orientation. The new groups were: finance (securing necessary funds); resource development (design mechanisms to address needs); education (promote public and professional awareness and training); service co-ordination (implement and co-ordinate resources); social action (secure professional and public support). Overall co-ordination was assigned to a Steering Committee (responsible for identifying, co-ordinating and evaluating tasks) which would report to

the Task Force for overall policy decisions. Some of these groups functioned fairly effectively for several months, but by the end of 1983, it was clear that resources were inadequate and participant's energies were low. Most work was being done by 2 or 3 individuals, and despite exhaustive efforts by the Task Force co-ordinator, it was clear to those active members who remained that the Task Force had completed what it could. In March, 1984, the Task Force voted to disband with all remaining monies being returned to the Region and the Province. Several volunteers carried through on outstanding tasks (publication and evaluation of a Resource Booklet, for example).

## Phase 2 Problems

The Task Force's second phase clearly indicated that the problems inherited from Phase 1 could not be offset by new resources. Lessening involvement of individuals and agencies exacerbated (and may have been causally related) to the demise of the Task Force. Recommendations (below) for any further co-ordinating attempts take this factor into account.

Of key importance was the shift in the Task Force from a planning body to an implementation body. The resources (human and financial) required to move from plan to action were so enormous that this phase of the Task Force's activities was problematic from the outset. The Task Force was never designed to be a direct service body and where

- Goal 1. The co-ordination of existing and where necessary
  the development of new programmes to obtain consistent and predictable responses within the social
  services network for battered women.
- Goal 2. The examination of related issues such as public/
  professional education, intervention, legal
  supports, tracking, housing, et cetera.

In evaluating any initiative, goals have related objectives which can be measured. With respect to the Task Force, strategies for achieving goals were operationalized in Phase 1 through Working Groups charged with:

- a) examining the current system
- b) assessing gaps/problems
- c) developing strategies for overcoming these gaps.

The Task Force would be responsible for overall co-ordination and implementation. Table 1 examines each of the Phase 1 Working Groups in relation to these goals and indicates what actions were taken up until October, 1983.

By October, 1983, all Working Groups had successfully identified gaps and suggested strategies for overcoming these gaps. Together, these strategies emerged as a Community Service Plan. While not

Taken in totality, the service plan represented one way of moving the community towards a "consistent and effective response to battered women".

The community service plan included the following elements:

- a) additional emergency transition housing
- b) second stage housing
- c) a Resource Guide for Battered Women
- d) a modular training package for professionals
  delivered by volunteer trainers
- e) a Volunteer Advocates/Primary Caseworkers Programme
- f) better articulated police and court procedures and policies
- g) ongoing public education
- h) established hospital protocols.

Full implementation could have had a major impact on the response our community provides to battered women.

Phase 2 of the Task Force, which primarily focused on implementation of Phase 1 initiatives through a new Task Force structure, (based on functions) can be analyzed in much the same way. Table 2 outlines this new Working Group structure, assigned activities and goals (based on Working Group work plans) and, at termination of the Task Force, the status of these activities.

Table 1

Task Force Phase 1 Working Group

Activity

Phase 1 Working Group	Gap/Problem Identified	Suggested Strategy	Actions Taken
Legal System	<ul> <li>a) poorly clarified court and police procedures, policies and options for women.</li> </ul>	a) Clarification of same.	<ul> <li>a) meetings and correspon- dence with relevant legal officials</li> </ul>
	b) ineffective front line police intervention in cases of "domestic violence".	<ul><li>b) improved police training.</li></ul>	b) referred to Counselling Group for inclusion of police as target group for profesional training package
	c) lack of easily accessed and accurate informa- tion on legal options available to women.	c) development of Legal Handbook.	c) not done; legal section planned instead for over- all resource handbook
	<ul> <li>d) attitudinal barriers within the legal system.</li> </ul>	d) professional education	d) referred to Counselling Group for inclusiion of legal professionals as target group for profes- sional training package
Housing	<ul> <li>a) more emergency beds required.</li> </ul>	<ul> <li>a) support for ad- ditional housing.</li> </ul>	<ul> <li>a) liaison with emerging Interval House Board; endorsation of the need for Interval House</li> </ul>
	b) need for Second Stage Housing	b) exploration of possible spon-	<ul><li>b) discussion with potential sponsors; intiatives not followed through</li></ul>
Public Education	<ul><li>a) no existing re- sources for Public Education.</li></ul>	b) Task Force to sponsor public education mechanisms.	a):sponsored Public Forum and secured funding for same from Secretary of State :planning for Professional Awareness Day
Task Force Proper	a) women "slipping through the cracks"	a) use of advocates to work with women in the community.	a) development of a proposal for funding for a Volun- teer Advocate/Primary Caseworker programme; partial funding received from United Way
			Continued/

### Table 1 (Continued)

Phase 1 Working Group	Gap/Problem Identified	Suggested Strategy	Actions Taken
Counselling	<ul><li>a) attitudinal barriers/ inappropriate coun- selling models</li></ul>	a) professional education	a) b) c) d) initial development of Training Package for use
	<ul> <li>b) lack of knowledge regarding other community resources.</li> </ul>	b):professional education :resource handbook	with professionals; deve- lopment of modular ap- proach which would use core and specialized training for each group of
	c) a failure to identify battering.	c) professional education	<pre>professionals; intial re- cruitment of volunteer trainers.</pre>
	d) a failure to recognize battering as criminal assault.	d) professional education	b) development of Resource Handbook initiated; fund- ing/support sought from Junior League and the Status of Women Committee, and received; planning for distribution and evalua- tion.
Health System	<ul> <li>a) failure of health pro- fessionals to identify battering</li> </ul>	a) professional training	a) referral to Counselling Group for inclusion of health professionals as target group for profes- sional training package
	<ul> <li>b) lack of skills/attitu- dinal barriers when dealing with identified victims</li> </ul>	b) professional training	b) - ditto -
	<ul> <li>c) lack of knowledge regarding community resources</li> </ul>	c) professional training	c) - ditto -
	d) lack of appropriate protocols in the hospital setting	d) development and use of recom- mended protocol	d) examined protocols from elsewhere; adopted a recommended protocol; initial agreement from MLMC to use and evaluate pending establishment of Volunteer Advocates Programme

Continued/...

Table 2

# Task Force Phase 2 Working Group Activity

Phase 2 Working Group	Activity/Goal	Progress and Status at Termination
Social Action	<ul> <li>a) develop strategy for liaison with public, media, service providers to include immediate response to media issues.</li> </ul>	a) participated in International Women's Day event
	b) establish philosophical statement.	b) drafted philosophical state- ment for Task Force
	<ul> <li>c) network with similar local, pro- vincial and national associations.</li> </ul>	c) identified media contacts
		d) handled requests for speakers
Service Co-ordination	<ul> <li>a) marketing and co-ordination of professional training workshops.</li> </ul>	<ul> <li>a) contacted agencies regarding training; obtained marketing advice.</li> </ul>
	b) evaluation of Resource Guide for Battered Women.	b) contacted agencies to assist with monitoring use of guide; after Task Force termination, volunteers implemented distribution and evaluation plans; final report completed with recommendations (see Appendix 3).
	c) improve knowledge of current intervention with women in agencies, monitor, and plan appropriately for a co-ordinated community plan utilizing existing resources.	c) drafted survey to go to agencies listed in the Resource Guide.
	d) provide assistance in implementation of Volunteer Advocates Programme.	
Finance	<ul> <li>a) to identify and approach funders for balance of funding for Volunteer Advocates Programme.</li> </ul>	a) not completed; United Way monies not used.
	b) facilitate fundraising efforts of Interval House	b) ongoing liaison with Interval House; Interval House member- ship on Task Force; allocation of staff time to assist Interval House.

### Table 2 (Continued)

Phase 2 Working Group	Activity/Goal	Progress and Status at Termination
Finance(continued)	c) identify further funding sources.	<ul><li>c) various sources identified;</li><li>further work curtailed.</li></ul>
	<ul> <li>d) assist in preparation of project budget reports.</li> </ul>	
Education	a) recruit trainers for Professional Training Programme	This Working Group did not have sufficient members to operate; goals and activities fell to other groups and the co-ordinator.
	b) review contents of Professional Training Kits	<ul> <li>a) recruitment went ahead; insuf- ficient trainers were recruited to permit programme to proceed.</li> </ul>
	c) co-ordinate training of trainers	<ul><li>b) Kit for Training developed and parts ready for use.</li></ul>
	d) co-ordinate evaluation and revision of Professional Training Program.	
Resource Development	a) develop self-evaluation plan for Volunteer Advocates Programme.	a) not completed
	b) consult to development of Professional Training Kits.	b) shared this task with other groups.
	<ul> <li>c) determine status of provincial, federal, regional training programmes.</li> </ul>	c) some initial contacts made
	d) secure central depot for manuals/literature, et cetera	d) not completed
	e) consult in development of Volunteer Advocates Training Programme.	e) not initiated

In reviewing Tables 1 and 2, it is important to assess how effective the Task Force ultimately was in bringing about a "consistent and effective response to battered women in our community". If measured in terms of substantive programme and policy initiatives with a direct impact on service to women and their children, an assessment would have to be made that its effectiveness was minimal. Of the four major resource/program initiatives planned by the Task Force, two got only as far as the planning stage: the professional training programme and the Volunteer Advocates programme. Of the two initiatives which moved into implementation, only one was properly a Task Force initiative: the Resource Guide for Battered Women. The other, the identified need for more emergency beds, was responded to by an independent group (Interval House) in liaison with the Task Force. It was never a Task Force initiative, although the Task Force endorsed their efforts, identified the need for such beds, and provided resources where possible to assist the initiative.

However, the Task Force did not focus exclusively on substantive programming. It recognized and worked within the area of consciousness raising, through public education. It is difficult to measure the impact of these initiatives. Several points are worth noting in this regard.

First, there is no doubt that, despite the demise of the Task Force, its work raised the profile, credibility and priority of the

issue among local funders. The Region, the Ministry, the Federal government, local Service Clubs and the United Way, all acknowledged this through their williness to support Task Force initiatives. That, in some cases, such support could not be utilized to its fullest extent due to the termination of the Task Force is unfortunate, but the existence of such support not only indicates that the issue of battering is taken seriously, but that future initiatives, coming from other groups, will be reviewed from a substantially more sympathetic perspective because the issue, now, has credibility. This is strengthened, of course, by the new priority attached to the issue by government and expressed through funding - a shift in priority which occurred over the life of the Task Force as a parallel development.

Second, despite the formal termination of the Task Force, participants in the Task Force have used information gained through their involvement to develop new programmes for work with battered women and their families in the Hamilton-Wentworth area. New services (housing, counselling, et cetera) were, perhaps, not the result of direct Task Force activity, but certainly received a catalytic energy from its activities.

These types of impact are far more difficult to measure.

Evaluation questions in the human services sector are often incorrectly stated as "failure" or "success"; the appropriate

evaluative stance is "degrees of effectiveness". When evaluated from this perspective, the Task Force can be seen as having displayed variable effectiveness ranging from "ineffective" to "quite effective". It was quite effective in developing a community service plan, (and, in several instances, implementing elements thereof) and less effective in carrying through on most parts of that plan. The critical point would appear to be in the shift from planning to implementation, due to the low level of resources, involvement and energy available to make that shift possible.

#### Lessons to be Learned

In order to ensure that a shift from planning to implementation can be successful, involvement, energy and resources mut be in place.

The Task Force experience would indicate that for a coordinating/planning body, such as the Task Force, to be effective:

l. resources must be in place from day one. Reliance on the fairly thin resources of the Social Planning and Research Council meant, over the long run, difficulties with information flow, dependency, et cetera,—all of which could be considered contributing factors to a fall off in broad-based involvemnt (although there may have been other significant factors).

- 2. members of such a co-ordinating body must have the ability to marshall the resources and the commitment of their constituencies. In most cases, this means participation from senior management. At the same time, mechanisms must be provided for front line input into deliberations.
- 3. where there are important philosophical differences among members, members must openly seek mechanisms for ensuring that those differences do not erode commitment to shared goals.

#### Remaining Challenges

Since the termination of the Task Force, several new programmes have been developed in the community (specifically counselling services at Family Services, and the Interval House project). While these programmes have been welcome additions to the service network, most of the major gaps and problems identified by the Task Force still exist: the pressing need for professional training, the need for mechanisms to ensure women are knowledgeable about their options and rights and to ensure they don't "fall through the cracks", the need for sustained public education, the need for improved legal and hospital procedures, et cetera.

The work of the Task Force is important in having identified these problems, having proposed strategies for overcoming many of these problems, having secured the goodwill of funders and having supported initiatives from elsewhere in the community. The community service plan developed by the Task Force still needs critical examination, refinement, implementation and expansion where necessary. Some elements are, or shortly will be, in place, such as Interval Mouse, and the Resource Guide for Battered Women (which will require updating and further distribution). The next steps taken in this community must ensure that battered women in our community experience substantive changes in the way service agencies respond.

# ACCOPRESS®

25071 - BLACK / NOIR - BG2507 25072 - BLUE / BLEU - BU2507 25078 - RED / ROUGE - BF2507 25075 - GREEN / VERT - BP2507 25074 - GREY / GRIS - 8D2507 25073 - R. BLUE / BLEU R. - BB2507 25079 - X. RED / ROUGE X. - BX2507 25070 - YELLOW / JAUNE - BY2507 25077 - TANGERINE - BA2507

ACCO CANADIAN COMPANY LIMITED COMPAGNIE CANADIENNE ACCO LIMITEE TORONTO CANADA

